

DO NOT DETACH

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

yes no

Ms.

Mr. Artist

FRANKLIN J. HICKMAN

(Last Name Last)

Permanent Address

3715 ROLLISTON R. SHAKER HB

Street

City

44120

Tel. (216) 283-4591

Zip

Area Code

Temporary or
Studio Address

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

- Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Franklin J. Hickman

DO NOT DETACH

ENTRY BLANKS**1**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Materials

OAK, CURLY MAPLE, CHERRY

Title

BOOKCASE

Price or NFS	Insurance Value if NFS Only	Size
<i>NFS</i>	<i>3,000</i>	<i>4' x 10" x 27"</i>

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED <i>X</i>	DO NOT WRITE IN THIS SECTION		ACCEPTED
REJECTED	<i>2 (m)</i>		REJECTED

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

DETACH

Materials

Title

Price or NFS	Insurance Value If NFS Only	Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED	DO NOT WRITE IN THIS SECTION		RECEIVED <i>CK</i>
REJECTED		REJECTED	DATE <i>5/11/83</i>

1983 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

F. J. HICKMAN

Name

3715 ROLLISTON RD

Address

SHAKER HTS OH 44120

City & State

Zip

NOTIFICATION #2

DO NOT
DETACH**1**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

BOOKCASE

DO NOT WRITE IN THIS SECTION

2(m)

ACCEPTED

REJECTED

*X***2**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

*TOMAR
3627 KIOWA DR.
YTOWN 44511*

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RETURN OF OBJECTS:

REJECTED: MAY 31- JUNE 4

ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed.

This is your only receipt to claim your object(s).